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Bib Data Sheet

CONFIRMATION NO. 3601

|  |   |                               |   |  |
|--|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/049,328   | <b>FILING OR 371(c) DATE</b><br>05/15/2002<br><b>RULE</b>   | <b>CLASS</b><br>514           | <b>GROUP ART UNIT</b><br>1614   | <b>ATTORNEY DOCKET NO.</b><br>UAB-15402/22 |
| <b>APPLICANTS</b><br>Jay M. Meythaler, Birmingham, AL;<br>Jean Peduzzi, Chelsea, AL;   |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US00/21886 08/10/2000  |   |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |  |
| <b>** SMALL ENTITY **</b>  |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   | <b>STATE OR COUNTRY</b><br>AL | <b>SHEETS DRAWING</b><br>1  | <b>TOTAL CLAIMS</b><br>26                  |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   | <b>INDEPENDENT CLAIMS</b><br>6  |                               |   |  |
| <b>ADDRESS</b><br>25006  |   |                               |   |  |
| <b>TITLE</b><br>USE OF GABA AGONISTS FOR TREATMENT OF SPASTIC DISORDERS, CONVULSIONS, AND EPILEPSY   |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>349  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |

PAP  
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